

**NORTH CAROLINA LOCAL GOVERNMENT
APPLICATION FOR FFY 2009 FUNDING**

INSTRUCTIONS FOR COMPLETING EM FORM 66

- 1.1 **EM Agency Name** - Type or print the official legal title of the Emergency Management (EM) agency.
- 1.2 **Address, City, Zip Code** - Type or print the street address, city, and zip code.
- 1.3 **Date Completed** - Type or print the date the form was filled out.
- 2.1 **EM Director** - Type or print the name of the county EM Director.
NOTE: Must be the same title on the Position Description and Organization Chart.
- 2.2 **Time (%)** - EM Director will type or print the **percent of time director** devotes to **Emergency Management program activities** (e.g. 50%, 75%, 100%).
- 2.3 **Current Salary** - Type or print the current **annual salary** for EM Director. **(Round to the nearest dollar).**
- 2.4 **Benefits** - Type or print the **annual benefits** for the EM Director to include social security, retirement, insurance, unemployment, etc. **(Round to the nearest dollar).**
- 2.5 **Total Salary** - Add the costs for Current Salary plus Benefits and put the total dollar amount in this box.
- 2.6 **Cost Share or In-Kind Match** – Explain how the county will match the state award grant monies in detail. In FY 2009, EMPG has a 50% County and 50% State cost share cash- or in-kind match requirement. Federal funds cannot be matched with other Federal funds. Additional information in accordance for 44 C.F.R. 13.24 can be found at the link below.
<http://www.nccrimecontrol.org/div/em/planning/EMPGFrequentlyAskedQuestions.pdf> or specifically
http://149.168.212.15/mitigation/Library/44_CFR-Part_13.pdf starting on page 8 with section **13.24 Matching or cost sharing.**

NORTH CAROLINA LOCAL GOVERNMENT APPLICATION FOR FFY 2009 FUNDING

Fiscal Year: October 1, 2008 – September 30, 2009

1.1	EM Agency Name				
1.2	Address, City, Zip Code				
1.3	Date Completed				
LOCAL EMERGENCY MANAGEMENT DIRECTOR					
<i>For 2.2 indicate actual percent of time devoted to Emergency Management director works on EM activities only. Please <u>do not include work time for</u> EMS, 911, Fire Marshal, Safety activities, etc.</i>		2.2 *	2.3	2.4	2.5
		Time (%) (e.g. 50%, 75%, 100%)	Current Salary	Benefits (SS, Retirement, Insurance, Unemployment, etc.)	Total Salary (Current Salary + Benefits)
2.1	EM Director (Name)				
					\$
2.6	Cost Share or In-Kind Match explanation in detail:				

* Area Coordinator must verify the percent of times devoted to Emergency Management activities.

_____ **Signature of Local EM Director**

_____ **Signature of Area Coordinator**

_____ **Signature of Branch Manager**

INSTRUCTIONS FOR COMPLETING EM FORM 66A (FEDERAL/STATE/LOCAL FFY 2009 EMPG AGREEMENT)

It is important that the Finance Officer and the local Chief Executive Officer have information and knowledge of the local EM program and the financial status of the local EM Agency. By coordinating the program emphasis with your county officials, the State's "Comprehensive Emergency Management Criteria" and the state and federal required activities, your partnership agreement should serve as a master plan for the year's activities.

The Federal/State/Local FFY 2009 EMPG Agreement requires the signature of the Local Emergency Management Coordinator, the Local Finance Officer, and the Local Chief Executive Officer (the last may be the same individual).

Your Area Coordinator will monitor your EMPG for FFY 2009 through the 2009 Quarterly Activities Report.

REPORTING

EMPG quarterly reports are required. These reports serve a vital role in the evaluation of your agency's performance in the completion of scheduled activities and in the preparation of reports the State must provide to Department of Homeland Security.

Your quarterly reports will be made to your Area Coordinator no later than ten (10) days following the end of each quarter. Each report (after the initial report) will incorporate and supersede the prior report.

The Division does recognize that circumstances may prevent the accomplishment of a scheduled activity. However, for Federal funding in FY09, all National Incident Management System (NIMS) requirements must continue to be maintained.

All requests for revisions (rescheduling or substitution of an equivalent activity) must be justified in writing to the Director of NC Division of Emergency Management through the appropriate Branch Manager.

FEDERAL/STATE/LOCAL FY 2009 EMPG AGREEMENT

AGENCY: _____

This is to certify that the above named agency agrees to successfully complete the activities below in full partnership with the North Carolina Division of Emergency Management and the Department of Homeland Security. The appropriate Branch Manager and/or Area Coordinator will review the progress of this agreement quarterly with the local Emergency Management Director. This report will also be the basis for continued funding during this fiscal year.

Please report quarterly the Emergency Management activities you complete or have completed during this agreement period ending **December 31, 2009**. 2009 EMPG guidance states that ***“At least 25 percent of FY 2009 EMPG funds must be allocated to the Strengthen Planning priority through planning, training and exercise activities.”***

Certify completion of the following activities for EMPG funding:

- 2009.1 Update the 2009 online NIMSCAST and rollup to the State by **September 15, 2009;**
- 2009.2 Complete by **December 31, 2009** NIMS activities as outlined in the 2009 Quarterly Activities Report;
- 2009.3 Review your **Emergency Operations Plan (EOP) (Basic Plan)** and update as needed as well as other emergency response support plans by **December 31, 2009;**
- 2009.4 Plan for and/or participate in a minimum of **two** all hazards exercises by **December 31, 2009;**
- 2009.5 Complete the Logistical, Training, and Exercise requirements by deadlines listed in the 2009 Quarterly Activities Report;
- 2009.6 Report quarterly the activities of the Local Emergency Planning Committee (LEPC) or like committee;

NOTE: As listed above to be eligible to receive FY 2009 EMPG funding, applicants must meet NIMS compliance requirements. The NIMSCAST is the required means to report FY 2009 NIMS compliance for FY 2010 preparedness award eligibility.

For FY 2009 there are no new NIMS compliance objectives. If FY 2008 NIMS compliance was reported using NIMSCAST and the grantee has met all NIMS compliance requirements, then NIMSCAST will only require an update in FY 2009.

FY 2010 Compliance Requirements from NIMS Five-Year Training Plan

- Complete IS-700; IS-800; ICS-100; ICS-200 – Awareness Training
 - Complete IS 701; IS-702; IS-703; IS-704 – Awareness Training
 - Complete ICS-300; ICS-400 – Advanced Training
 - Complete Emergency Management Framework Course – Awareness Training
- Complete ICS Position-Specific Training – Practicum. Stakeholders are not required to complete ICS Position-Specific Training (or EOC Position-Specific Training in future years) for NIMS compliance. However, the completion of ICS Position-Specific Training is required for those stakeholders who desire to be credentialed as part of the national credentialing system.

This Agreement will become effective upon execution of all parties to the Agreement. The date of execution shall be the date of the last signature.

EXECUTED THIS THE ____ DAY OF _____, 2009

(Print) Name of Local Emergency Management Director

Signature of Local Emergency Management Director

Date

Signature of Local Finance Officer

Date

Signature of Local Chief Executive Officer

Date

County of _____

POSITION DESCRIPTION

CERTIFICATION

_____ **COUNTY EMERGENCY MANAGEMENT AGENCY**

I DO HEREBY CERTIFY THAT THE EM PROGRAM DIRECTOR POSITION IS NOT VACANT OR IS CURRENTLY BEING FILLED BY AN ACTING COUNTY EMPLOYEE AND THE SUBMITTED POSITION DESCRIPTION IS CURRENT AND UP-TO-DATE AND MEET DEPARTMENT OF HOMELAND SECURITY PROGRAM AND STATE REQUIREMENTS.

Signature:_____

_____, **EM PROGRAM DIRECTOR**
_____, **COUNTY EMERGENCY MANAGEMENT AGENCY**

2009 Quarterly Activities Report for _____ County

*Use this **2009 Quarterly Activities** sheet to report your EMPG activities quarterly and submit electronically to the Area Coordinator and Branch office within **10 days** after each quarter designated below ends*

% Completed					Activity	Description
Qtr 3/30	Qtr 6/30	Qtr 9/30	Qtr 12/ 31	Date Completed		
					2009.1	Update the 2009 online NIMSCAST and rollup to the State by <u>September 15, 2009;</u> <ul style="list-style-type: none"> ▪ Address and correct any Tier I shortfalls identified in the NIMSCAST by above deadline
					2009.2	Complete by <u>December 31, 2009</u> NIMS activities as outlined below: <ul style="list-style-type: none"> ▪ New EM personnel complete or schedule date for completion of <ul style="list-style-type: none"> ○ NIMS Awareness Course: An Introduction IS-700 ○ The National Response Framework (NRF) Course IS-800 ○ An Introduction to ICS (online) ICS-100 ○ Basic ICS Course (classroom) ICS-200 ○ Advance course (classroom) ICS-300 and ICS-400 for identified ICS staff members
					2009.3	Review your Emergency Operations Plan (EOP) (Basic Plan) and update as needed to include incorporation of NIMS; update and identify any other support plans as needed and document review updates
					2009.4	Plan for and/or participate in a minimum of two all hazards exercises by <u>December 31, 2009;</u> <ul style="list-style-type: none"> ▪ Exercises should include multiple local and/or state agencies, and may take the form of a table-top, functional or full scale activity; ▪ Exercise activity should be coordinated with your appropriate Branch Office; and the Division's Training and Exercise Branch, including dates, number personnel trained, scenario utilized, and planning meetings conducted. This information is required by the DHS National Exercise Scheduler (NEXS) system; ▪ Incorporate NIMS into existing training programs and exercises as well
					2009.5	Each county by <u>December 31, 2009</u> shall complete the following Logistical, Training, and Exercise requirements: <ul style="list-style-type: none"> ▪ Conduct an annual Training Exercise Planning Workshop (TEPW) sponsored by NCEM to determine the types of training needed to further develop and maintain a quality Emergency Management Program;
						<ul style="list-style-type: none"> ▪ Attend training on utilizing Homeland Security Exercise and Evaluation Program (HSEEP) and conduct exercises in compliance with HSEEP standards;
						<ul style="list-style-type: none"> ▪ Report all training and exercises conducted utilizing federal preparedness funds to the Division Training & Exercise Branch;

						<ul style="list-style-type: none"> ▪ Review and update as needed and report on your County Mutual Aid Agreement <ul style="list-style-type: none"> ○ Send in the new or updated agreement to your Branch office;
						<ul style="list-style-type: none"> ▪ Update your written plan for the implementation and operation of a County Receiving and Distribution Point (CRDP): <ul style="list-style-type: none"> ○ Recommended capability is 2,000 square feet of inside storage with hardstand to park 10 each 53 foot trailers (7200 square feet) and material handling equipment capable of unloading and cross loading pallets of supplies. County must provide electronic copy of plan to the NCEM Deputy Logistics Chief, Paul Latham at platham@ncem.org by July 30, 2009;
						<ul style="list-style-type: none"> ▪ Develop Point of Distribution (POD) plan to distribute commodities to your population during catastrophic disaster using the CORPS of Engineer POD model: <ul style="list-style-type: none"> ○ Minimum requirement for 2009 is to identify enough Type 3 POD sites (5,000 people per day) sufficient to distribute supplies to 20% of the counties population; report the POD addresses to NCEM by July 30, 2009 and be able to provide personnel and equipment to staff 25% of the identified sites within 3 days of a catastrophic disaster. The number of sites may be reduced by designating Type 2 (10,000 people per day) or Type I (20,000 people per day) sites for some or all of the population requirements. County must provide electronic copy of plans to the NCEM Deputy Logistics Chief, Paul Latham at platham@ncem.org by July 30, 2009; ○ Counties must also report addresses of current distribution sites such as fire stations and churches, with an estimate of the number of people they could service in a 12 hour day. The intent of this requirement is to ensure NC has the capacity to distribute disaster supplies to the public during a catastrophe. County must provide electronic copy of plans to the NCEM Deputy Logistics Chief, Paul Latham at platham@ncem.org by July 30, 2009; ○ Attend training on Corps of Engineers Point of Distribution (POD) design, planning and execution at the county level offered by the NCEM Logistics Section by December 31, 2009.
					2009.6	<p>Report quarterly the activities of the Local Emergency Planning Committee (LEPC) or like committee;</p> <ul style="list-style-type: none"> ▪ Report formation of new committee ▪ Committee should be County or Regional based

Signature of Local Emergency Management Coordinator

Signature of Area Coordinator

Signature of Branch Manager